

## **Attachments for the Guide**

### ***Planning Mass Prophylaxis***

**from**

**Indiana State Department of Health**

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<b>Attachment</b>	<b>Page</b>
A. Demographics of Indiana	A-1
B. Computer Staffing Model – Weill Medical College of Cornell University	B-1
C. Contact Information for Community Planners	C-1
D. Staffing for Mass prophylaxis Clinics	D-1
E. Supplies and Equipment for Mass Prophylaxis	E-1
F. Types of Populations to Receive Mass Prophylaxis	F-1
G. Multiple Regimens for Heads of Household	G-1

## Attachment A

### *Demographics of Indiana*

#### **Introduction**

Demographic data for Indiana counties, cities and towns is easily available through the following steps:

#### **Step One**

Log on to the Internet and type in the following address to access the “Stats Indiana Web Site.

<http://www.stats.indiana.edu/>

#### **Step Two**

On the right hand side of the “Stats Indiana” site, you will see “Indiana Profiles”. Click on this choice.

#### **Step Three**

On this next page you will see the Subtitle Heading “Indiana Profiles” at the top left of the page. Using the scroll bar on the far right hand side, scroll down to the Choice “Census Profiles” and click on the “4-page Demographic Overview Profiles (DPsi-4 for Individual Areas)”.

#### **Step Four**

Your computer should load “Adobe Acrobat Reader” for you at this point so that you can access the page that allows you to request data for your jurisdiction. Adobe Acrobat Reader is required to view this file. If your computer does not have the Reader installed, a free download is available at <http://www.adobe.com/products/acrobat/readstep2.html>

If you have Adobe Acrobat” you will now see a “Stats Indiana” page that displays across the top the following:

Select Profile	Select type of Category	Select Specific Area	Retrieve
A	B	C	D

Use the scroll bars with down arrows to select the following:

- In box “A” select “Demographic & Economics”
- In box “B: select County if your department’s jurisdiction is a county and select City/Town if the jurisdiction is a city.
- In box “C” select the name of your jurisdiction
- In box “D” click on submit.

#### **Step Five**

In a few moments the data for your jurisdiction will be displayed. To obtain a printout, click on the printer icon on the right side at the top of the box containing your data.

## **Attachment B**

### ***Computer Staffing Model – Weill Medical College of Cornell University***

The Model was created by Nathaniel Hupert, MD, MPH and Jason Cuomo, MPH under contract to the Agency for Healthcare Research and Quality (AHRQ). It is designed to allow you to consider mass prophylaxis under two scenarios:

- Anthrax
- Smallpox

On February 6, 2004, a teleconference via the Indiana Higher Education Telecommunications System (IHETS) will have a detailed presentation on the use of the model. For those who would like an introduction to the model

By using the model you can vary several aspects of a mass prophylaxis clinic plan:

1. Numbers of persons to receive prophylaxis – use a large number that is a significant percent of your jurisdiction's population
2. Numbers of professional and support staff
3. Hours of clinic operation - begin with clinic availability of 16 hrs with 2 shifts
4. Estimated times at various stations

The Model will calculate number of staff required. It can be accessed either for interactive web based or as a spreadsheet in Excel. This attachment focuses on the Excel version of the model and therefore, you must have Excel installed on your computer. Excel is a spreadsheet that permits calculations. You do not need to be familiar with Excel to use the model.

As an introduction to the Model, ISDH staff members suggest that you follow 5 steps:

#### **Step One**

Log on to the Internet and enter the address:

[<http://www.ahrq.gov/research/biomodel.htm>](http://www.ahrq.gov/research/biomodel.htm)

#### **Step Two**

You will see the title: "Computer Staffing Model for Bioterrorism. Scroll down the page to "Download Information and choose "Download Excel file (1.4 MB)"

#### **Step Three**

You will see the title "Mass Prophylaxis Vaccination Staffing Model Table of Contents." Scroll down the page and choose #10 "Flexible Staffing Model"

**Step Four**

You will see the title “Customizable Staff Model. Proceed to Part 1 “Manual Staffing Calculations.” Type in any information in the boxes. You will see that the boxes have default values but you can replace these with any number you wish. Note the suggestion above with respect to a 16-hr clinic day with 2 staff shifts. When you get to Part 3 “Biological Agent Selection” you will have the choice of either Anthrax or Smallpox by clicking on the down arrow on the right hand side of the box. ISDH staff suggests you choose anthrax for your first scenario. Remember that exposed individuals must receive prophylaxis quickly after inhalational exposure of *Bacillus anthracis* spores, so your duration of time in #1 “Campaign Characteristics” should be as soon as possible so enter “2 days.” (If you choose smallpox, remember that vaccination must occur within 4 days of exposure to give significant protection).

**Step 5**

Continue to move down the page. When you reach Part 3 “Summary of Core and Support Staff” you will have a comparison of the staffing needs to give prophylaxis to the defined population within the time frame you have designated. Two results are shown: that for a situation that has no “Downtime”. (i.e. percent of time staff are not actually performing their duties) compared to one that does have downtime. The more downtime the greater number of staff that will be needed.

## **Attachment C**

### ***Contact Information for Community Planners***

You may need the names of persons in your jurisdiction who are with agencies or organizations that should be included in your planning. You are probably aware of many of these community partners already. However, to facilitate the connections between public health and planning partners, ISDH staff members have collected contact information for the following:

1. American Red Cross Chapters – possible sources with helpful information about citizen volunteers
2. Community Health Clinics – possible sources for professional assistance for mass prophylaxis clinics
3. Community Mental Health Clinics – possible sources for mental health professionals that may be able to help meet mental needs during mass prophylaxis clinics
4. Hospital Bioterrorism Contacts – persons who help disseminate preparedness and planning information to their hospital's staff. Note that hospitals will be expected to provide mass prophylaxis for their own staff members and coordination between hospitals and public health will help facilitate the process. Additionally, hospital employees may be able to help staff the medical positions for certain shifts of your mass prophylaxis clinics.
5. Local Emergency Management Agencies – responsible for your jurisdiction's comprehensive emergency planning

Please contact the ISDH Public Health Coordinator for your district or Gabriel Nunez ([gnunez@isdh.state.in.us](mailto:gnunez@isdh.state.in.us)) if you need contact information.

### ***Attachment D. Staffing for Mass Prophylaxis Clinics***

<b>Category of Worker</b>	<b>Clinic Role</b>	<b>Professional Background</b>	<b>Training/Information Needs</b>
Medical	1. Medical Director/ Evaluator* 2. Medical Screener* 3. Triage* 4. Vaccinator*	1. Physician 2. Physician or Nurse 3. Nurse, EMT 4. Nurse	1. Nature of disease agent 2. Nature of contraindications 3. Epidemiology/Symptoms 4. Vaccination technique
Public Health (If LHD has inadequate numbers of staff, some of these positions could be recruited from other sources)	5. Clinic Manager 6. Client Educator 7. Liaison to other responding agencies 8. Media Coordinator 9. "Floater"	5. Medical administrator 6. Health Educator or Nurse 7. Administration 8. Public relations 9. Clinic experience	5. Clinic management 6. Broad knowledge of agent 7. Knowledge of partner agencies 8. Risk communication 9. Broad knowledge of prophylaxis
Other Professionals	10. Clinic Pharmacist 11. Mental Health Counselor 12. Emergency Medical Care 13. Information Technologist 14. Logistics 15. Supply Manager 16. Security Chief 17. Staff oversight	10. Pharmacist 11. Counseling credentials 12. EMT, Paramedic, First Aid 13. Computer Science 14. Emergency management, procurement 15. Supply/inventory management 16. Law enforcement 17. Administration/human resources	10. Recommended prophylaxis doses 11. Crisis counseling 12. Usual emergency care, First aid 13. Equipment/database 14. Knowledge of partner agencies 15. Warehousing experience 16. Crowd control 17. Staff support services
Clerical/support staff	18. Data Entry* 19. Form Collection/ Reviewer* 20. Financial Oversight* 21. Security personnel/Traffic Control 22. Translator	18. Computer skills 19. Filing skills 20. Accounting 21. Security experience 22. Fluent in second language	18. Database 19. Filing system for clinic 20. Record keeping for government reimbursement 21. Clinic flow, parking arrangements 22. Medical terminology
Citizen Volunteers	23. Greeter 24. Runner	23. Healthy, conscientious, calm 24. Healthy, conscientious, attentive	23. General orientation to clinic 24. Assignment to key staff

- If the local health department has adequate numbers of staff, these positions could be filled by LHD staff members. If not, other personnel must be recruited.

## **Attachment E**

### ***Supplies and Equipment for Mass Prophylaxis***

A comprehensive listing of Clinic Supplies and Equipment for an immunization clinic is part of Annex 3 (page 3-42) of the CDC planning guidance for smallpox vaccinations. ISDH staff members have posted this page along with the other mass prophylaxis planning materials on the ISDH website. Information about accessing these items will be e-mailed the week of January 19, 2004.

Note that the CDC Annex 3 “Smallpox Vaccination Clinic Guide” is a very useful reference for mass prophylaxis planning as it provides the complexities involved with an immunization that can have serious adverse events and that has a limited amount of time to offer protection to exposed persons. The entire Annex can be accessed from the CDC website:

<http://www.bt.cdc.gov/agent/smallpox/response-plan/index.asp>

Scroll down the page almost to the bottom to find the various annexes until you reach Annex 3. You can print out either the PDF version or the Word version of the entire Annex by clicking on the version you prefer. The Annex is 48 pages long.

For mass prophylaxis that involves dispensing antibiotics such as would be needed for a disease agent like *Bacillus anthracis*, the plan can be modified accordingly because no vaccination station would be required.

### ***Attachment F. Types of Populations to Receive Mass Prophylaxis***

<b>Clinic Operations</b>	<b>Front Line Workers</b>	<b>General Public</b>	<b>Homebound</b>	<b>Institutionalized</b>	<b>Special Populations</b>
<b>Who will receive prophylaxis?</b>	Official first responders and essential service providers (see next page for details)	All affected individuals who are able to come to clinic sites	Those confined to homes such as the elderly	Long term care residents, educational institutions, inmates, etc.	Cultural/ language minorities, illegal aliens, homeless, persons with disabilities
<b>Where could prophylaxis be offered?</b>	Central location or at work sites	Clinic sites with easy but controlled access, sufficient space, climate control	In home setting, using Home Health Services	Through usual mechanism of institution's health care	Through outreach agencies, peer educators, mobile medical teams
<b>When will prophylaxis be offered?</b>	During first 12 hours of emergency	Begin as soon as clinic staff have been immunized or when supplies arrive but no later than 24 hrs	Beginning at 24 hrs and continuing until all affected have been served	Beginning at 24 hrs and continuing until all affected have been served	Beginning at 24 hrs and continuing until all affected have been served
<b>What is the source of prophylaxis items?</b>	Local supplies	Local, supplement by SNS Push Pack, continue with Vendor-managed inventory (VMI) if needed	Local, supplemented by SNS Push Pack, continue with VMI if needed	Local, supplemented by SNS Push Pack, continue with VMI if needed	Local, supplemented by SNS Push Pack, continue with VMI if needed
<b>How will the clinic be staffed?</b>	LHD staff, local health care staff	LHD staff plus medical, non-medical & volunteer staff	Home health teams with help from LHD as needed	Institution health care facility and teams	Outreach workers, mobile medical teams, LHD staff
<b>How notify professionals?</b>	Call down of responders	Activate clinic medical, non-medical and volunteer staffing	Activate home health teams	Institution health care facility and teams	Outreach workers, peer educators, mobile medical teams
<b>How notify the clients?</b>	Reassuring information about event & general information about response actions	Specific information about who, what, when & where for clinics	Specific information by media and by home health agencies	Specific information through normal institution channels	Specific information by outreach workers and peer educators



## ***Suggested Approach to Identifying Official First Responders and Essential Service Providers***

**General Instructions** – During the early hours of a large-scale public health emergency, local health departments (LHDs) must assure that prophylaxis will be offered to teams of personnel responsible for “Essential Services” and “First Response”. The goal of this protection is to assure that essential services will be continued and that the general population will be protected. In general, each agency listed in the table below should identify a team of workers sufficient in number that two 12-hour shifts per day can be staffed during at least the first 48 hours of the emergency. The staff of the LHD can then work with each agency to determine the best mechanism for delivery of prophylaxis to these teams plus their family members. Protection of family members assures that workers will be able to report for work without fear that their families are unprotected. For prophylaxis against bacterial infection, local supplies of antibiotics will facilitate timely prophylaxis.

<b>Category of Worker</b>	<b>Number of Persons for Initial Prophylaxis*</b>	<b>Possible Mechanisms for Prophylaxis</b>
Emergency Management		
Emergency Medical Services		
Fire Fighters (including federal or state fire fighters in your jurisdiction)		
Law Enforcement (including federal or state officers in your jurisdiction)		
Public Works		
Public Utilities		
Government Officials (Including chief elected official/agency heads)		
Emergency Department Staff		Note: The hospitals should arrange the mass prophylaxis for their own staff
Other Essential Hospital Staff		Note: The hospitals should arrange the mass prophylaxis for their own staff
Local Health Department Staff		
Other (Specify) e.g. the LHD staff, prophylaxis staff such as Mental Health Counselor, Medical Director, Supply Chief		

## Attachment G

### *Multiple Regimens for Heads of Household*

**Introduction** - Staff of the Indiana State Department of Health (ISDH) recommend that each jurisdiction allow heads of household to receive multiple regimens of prophylactic drugs such as antibiotics. This approach will streamline the dispensing of medications and shorten the timeframe for protecting the jurisdiction's population. Some considerations for implementing this approach are described in the following sections.

**What is the average household size in your jurisdiction?** – The data on your jurisdiction available through “Stats Indiana” at <http://www.stats.indiana.edu/> will provide you with the average household size for your jurisdiction. Multiply this value by 4 to provide an upper limit for the numbers of household members you will allow one individual to represent. (Note if someone presents with a larger household size than what you have calculated as an upper limit, a case-by-case judgment should be made about whether to provide the extra medications).

**What are the characteristics of a “Head of Household”?** – The individual who claims to be “Head of Household” must be at least 18 years old, present proof of age (driver's license or birth certificate), proof of identity (a picture I.D.), a piece of mail with the household residence address, and a local phone number.

**How does a “Head of Household” describe his/her household members?** – The “Head of Household” should provide a list naming each person with the following information: first name, middle initial, last name, date of birth, mother's maiden name). For children, the body weight must be listed to determine the appropriate dosing of antibiotic. If individuals have a history of chronic disease or of allergy to antibiotics, this information should be included. Generating a form similar to that on the following pages and disseminating it widely to the population in advance will facilitate the process of providing multiple regimens. Translations of the form should also be provided to assure that language minorities in your jurisdiction are adequately served. Note that spaces for eight household members are provided. For larger households, individuals can fill out additional pages. Note that the bottom of the form on the second page has a space to indicate the hotline/information line number you are using to provide information to the general public.

**What record keeping is necessary?** – Each member of the household should have their own identifying number and the medication lot number. A copy of the household member list is retained for clinic files.

## *Form for Heads of Household Receiving Medications for Household Members*

**Head of Household Name** \_\_\_\_\_ **Phone** (    ) \_\_\_\_\_

Last

First    MI

**Identification Provided:**

**Proof of Age:**

**Addressed Mail** \_\_\_\_\_

a. Driver's License \_\_\_\_\_

a. Driver's License \_\_\_\_\_

b. Other picture I.D. (Specify) \_\_\_\_\_

b. Birth Certificate \_\_\_\_\_

**House Hold Members:**

Name (Last, First, Middle Initial) Include Head of Household information	Date of Birth	Medical Condition (write "No" if none apply): 1. Allergies (antibiotics, plant, animal, other) 2. Medical condition (heart, blood pressure diabetes. etc.) 3. Current drugs 4. Weight (for child under 15 years only)	Mother's Maiden Name
		1  2  3  4	
		1  2  3  4	
		1  2  3  4	
		1  2  3  4	

Name (Last, First, Middle Initial) Include Head of Household information	Date of Birth	Medical Condition (write "No" if none apply): 1. Allergies (antibiotics, plant, animal, other) 2. Medical condition (heart, blood pressure diabetes. etc.) 3. Current drugs 4. Weight (for child under 15 years only)	Mother's Maiden Name
		1 2 3 4	
		1 2 3 4	
		1 2 3 4	
		1 2 3 4	

**Complete this form and bring it to the Prophylaxis Clinic at the time designated for you. Also bring proof of age, picture I.D., and one piece of mail with your household address.**  
**If you have questions, please call \_\_\_\_\_**